

Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit:: 1600

CD-ROM or CD-R?: None

Title:: AT LEAST PARTIAL PREVENTION AND/OR
REDUCTION OF CELLULAR DAMAGE IN
TISSUE THAT HAS SUFFERED FROM OR IS
SUFFERING FROM HYPOXIA AND/OR
ISCHAEMIA AND/OR INFLAMMATION

Attorney Docket Number:: 2183-6141US

Request for Early Publication?: No

Request for Non-Publication?: No

Total Drawing Sheets:: 21

Small Entity:: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country: The Netherlands

Status:: Full Capacity

Given Name:: Wouter

Middle Name:: Bernard

Family Name:: Veldhuis

City of Residence:: Utrecht

State or Province of Residence::

Country of Residence:: The Netherlands

Street of mailing address:: Laan van Soestbergen 27-BIS

City of mailing address:: Utrecht

State or Province of mailing address::

Country of mailing address::	The Netherlands
Postal or Zip Code of mailing address::	3582 SR
Applicant Authority type::	Inventor
Primary Citizenship Country:	The Netherlands
Status::	Full Capacity
Given Name::	Petrus
Middle Name::	Hendrikus
Family Name::	van der Meide
City of Residence::	Nootdorp
State or Province of Residence::	
Country of Residence::	The Netherlands
Street of mailing address::	Kastanjelaan 2
City of mailing address::	Nootdorp
State or Province of mailing address::	
Country of mailing address::	The Netherlands
Postal or Zip Code of mailing address::	2631 HT
Applicant Authority type::	Inventor
Primary Citizenship Country:	The Netherlands
Status::	Full Capacity
Given Name::	Klaas
Middle Name::	
Family Name::	Nicolay
City of Residence::	Houten
State or Province of Residence::	
Country of Residence::	The Netherlands
Street of mailing address::	Tournooikamp 12
City of mailing address::	Houten
State or Province of mailing address::	
Country of mailing address::	The Netherlands
Postal or Zip Code of mailing address::	3992 CM

Correspondence Information

Correspondence Customer Number:: 24247

Representative Information

Representative Customer Number:: 24247

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/NL01/00217	04/03/02

Assignee Information

Assignee Name:: Universitair Medisch Centrum Utrecht
Street of mailing address:: Heidelberglaan 8
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Country of mailing address:: The Netherlands
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